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We have just received from W. B. Saunders & Co., of New York and Philadelphia, an unusually attractive illustrated catalogue of their complete list of publications. A glance through this catalogue shows quite a census of the leading American and foreign authorities in every branch and specialty of medical science. And new books are being added and new editions issued with a rapidity that speaks well for the success and progressiveness of the house. In the presentation of facts that a probable buyer wishes to know about the books listed, and also for beauty and durability of mechanical get-up, this catalogue is all that could be desired. It is truly representative of the house. We understand a copy will be sent free upon request.

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(*By W. Booth, M. D., Alamoosa, Colo.*)

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VOLUME 2 LOS ANGELES, CAL., FEBRUARY, 1906. NUMBER 2

ORIGINAL ARTICLES.

THE PROGNOSIS AND TREATMENT OF ACUTE AND CHRONIC NEPHRITIS

By R. W. WERNICK, M. D.
Los Angeles, Cal.

Read before the Southern California Medical Association, Dec, 7, 1905.

The prognosis of acute nephritis depends to a great extent upon its cause, and if this be an infectious disease, upon the severity of the latter. As a rule, acute nephritis ends in recovery. Early and severe dropsy, accompanied by uraemic manifestations render the prognosis very doubtful. The recovery generally, takes place inside of two or three months. Cases are reported by Rosentein, and I believe, Cabot, in which recovery occurred after the lapse of one year. Instead of complete recovery however, acute nephritis may develope into a chronic form. I am satisfied that many cases of acute nephritis that end in recovery, are frequently overlooked. Treatment of acute nephritis: Prophylaxis is of the utmost importance and if the physician cannot prevent the occurrence of acute nephritis, he can often by timely interference modify its course and effect an early cure. During infectious diseases, during the administration or external application of drugs, known to irritate the kidneys, the physician should carefully and frequently examine the urine; not looking simply for albumin and casts, for many a nephritis will exist for some time without at times a trace of albumin, and but few casts; but let him centrifuge the urine and look for abnormal amounts of kidney epithelia leukocytes, blood corpuscles, bacteria in the freshly passed urine, in women using the catheter, and last but not least, let him examine the freshly passed urine for pathological amounts of ammonia. While ammonia in pathological amounts occurs in the blood and hence in the urine during fevers, and in various other diseases, still it can always be found in the freshly passed urine of acute inflammatory conditions of the genito-urinary tract, and if present and other conditions can be excluded, it should call our attention to the kidneys. The presence of ammonia in pathological amounts in freshly passed urine is not as a rule referred to in text-books as a symptom of acute nephritis or as occurring during acute exacerbations in cases of chronic nephritis; but its presence in pathological amounts has frequently given me the first intimation of kidney irritation or of an acute exacerbation in chronic nephritis.

In the treatment of acute nephritis, due consideration should be given to the fact that most acute infections have a tendency to recover simply by careful dietetics and nursing, also whether the nephritis is primary or secondarily due to some infectious disorder or internal or external poison. If the original cause is still present we must naturally pay attention to it and try and remove it, at the same time avoiding everything that might further irritate the kidneys. We must nurse the kidneys and put as little work on them as we possibly can. Put the patient to bed and keep him there; give him bland restricted and non-irritating diet, milk if it agrees, being of course the best; give fruit juices, and avoid foods, condiments and drinks

which irritate the kidneys. Keep skin and bowels active; the blood normally alkaline by giving alkaline waters between meals and only in such quantities as are freely eliminated. Reduce the amount of ammonia in the urine by giving a fixed alkali either by the mouth or by the bowels through a high tube. In giving alkalies by the mouth, I prefer the fixed rather neutral alkalies, as Rochelle Salts, Phospate of Potassium or Phosphate of Soda, rather than Bicarbonate of Soda which in the long run is apt to cause gastric disturbances. It is much better to give Bicarbonate of Soda by the Bowels, as it is present in the succusentericus to the extent of ½ per cent. being secreted in the intestines by the glands of Lieberkuehn. In reducing the ammonia in the freshly passed urine by a fixed alkali, I am not in accord with many physicians, among them, Von Noorden who uses the mineral acids; but I am in accord with physiological chemistry; and it is a chemical and physiological fact, that the administration of fixed alkalies not alone diminishes the excretion of ammonia which in pathological amounts irritate the kidneys, but at the same time increases the output of urea. This I have frequently demonstrated to my own satisfaction. If there are bacteria in freshly passed urine, I give urotropin, as bacteria will sometimes lodge in the glomeruli and set up inflammation. Next to rest in bed and a bland non-irritating diet, I rely mostly on a high intestinal irrigation with a fixed alkali. If there is nausea and vomiting and the mucous membrane of the stomach is irritated by attempting to take poisonous substances out of the blood and eliminate them, washing the stomach with a normal salt solution gives great relief. In cases of hemorrhage from the kidneys, adrenalin chloride should be given. To avoid repetition, I shall later on speak of the treatment of uremia and dropsy. A patient suffering from acute nephritis should remain in bed until all symptoms of inflammation or irritation of the kidneys have subsided. The diet may gradually become a more liberal one, and by doing this we can frequently prevent that Bete Noir of our profession, Chronic Nephritis. The prognosis of Chronic Nephritis differs according to its form. In all cases it is poor as far as complete recovery is concerned. While there are cases on record, and I know of some myself in which there was a complete recovery, still they are few and far between. If a sub-chronic nephritis, (the so-called parenchymatous nephritis) has existed for over a year, we can hardly hope for a complete recovery. Bartels, Rosenstein and others, report cases of recovery after eighteen months. As a rule, however, uremia, apoplexy or an intercurrent pneumonia or congestion of the lungs are apt to cut our patient off unless gradual secondary cirrhosis takes place and the sub-acute form subsides into the less serious granular kidney. That is the less serious regarding the prolongation of life.

The prognosis of amyloid kidney depends to a great extent upon the underlying cause of the disease and upon the amount of amyloid degeneration of other organs. In the large white kidney prognosis is poor. Dropsy and uremic symptoms and albumin uric retinitis at an early state of the disease are bad prognostic signs. A scanty urine of low specific gravity is of grave significance. Occupation, age, sex, habits, surroundings, climate, ability and willingness of the patient to take care of himself are factors of importance in prolonging the life of the patient suffering from Chronic Nephritis; and while we should be guarded in our prognosis, we should not be too pessimistic in our views and certainly never so in the presence of the patient, unless his habits are such as demand plain speech.

In the treatment of all forms of Chronic Nephritis, we should carefully individualize; that is, we should treat the patient and not the disease. We must first look for the cause in each and if possible remove it; and while there may still remain the Nephritis, still it will not be kept up by its original cause. In

many cases, I might say in the majority of cases, especially is this so in the interstitial form, we can find no specific cause. The disease has developed gradually--Schleichend; (sneakingly) as the Germans so aptly express it. Virchow, Bartels, and in later years, Arthur Meigs, pointed out, that unless of a purely local character, Chronic Nephritis means as a rule, a chronic inflammatory condition of low degree with fibrous changes in the circulatory system and other important organs. Of course, in cases caused by malaria or syphilis, we must resort to specific treatment carefully watching our patient to see that our remedies do not increase the existing irritation or inflammation.

In administering mercury in these cases, I prefer to use the soluble salts intravenously or hypodermically three or four intravenous injections on alternate days, will decide whether or not it is best to continue the administration of mercury.

Now while in the majority of cases we know no specific remedy that can directly influence Chronic Nephritis of any form, we can still do much to help these poor patients. We can relieve them of many of their sufferings and disagreeable symptoms, thus making them comfortable, prolonging their lives and sometimes in the parenchymatous form, even effect a cure. In children especially, if we succeed in checking the inflammatory process, we can, owing to the fact that there is regeneration and substitution of kidney substance, frequently by persistent long continued treatment, cure them completely.

In the treatment of all forms of Nephritis, we must place diet and hygienic means in the front rank. If possible, the patient should seek a dry, warm equitable climate; avoid getting wet or chilled, keep warmly housed and clothed, avoid too much exercise both physical or mental. We must try to avoid everything that can possibly irritate the kidneys; compel some of the other organs to aid the kidneys by stimulating their functions, in fact, we must nurse the kidneys as much as possible, remembering the fact that by nursing a weakened organ for a long time, it becomes stronger and eventually recovers some of its lost functional capacity. Just as in Diabetis, we gradually by first withdrawing the Carbo-Hydrates accustom the muscle cells, liver and pancreas to again metabolize and burn up a fair amount of sugar. Too much meat, spices, condiments, minerals, alcohol and medicines which are known to irritate the kidney cells, must be prohibited; especially is this so in the parenchymatous form in which the kidney epithelia is mostly involved. If we give alcohol at all, and sometimes it is necessary, we should administer it in small doses as the system burn up in 24 hours 1½ ounces of alcohol equal to three ounces of whiskey, without injuring the kidneys. Tobacco should be prohibited on account of its bad effects on the heart.

As the main work of excreting the end products of proteid metabolism devolves upon the kidney epithelia, and none of the other organs with the exception of the bowels to a slight extent can perform this function for them, we must reduce the nitrogenous food to such an amount as is sufficient to maintain nitrogen equilibrium.

If during the prolonged course of this chronic disease, we reduce the amount of nitrogenous food too much, and this is frequently done we will by compelling the system to attack its own body cells, still further impair the already weakened constitution. Gelatine, carbohydrates and fats are great albumen sparers, and especially the latter should be freely partaken of as they are burnt up in the system into carbonic acid gas and water and can do no possible harm to the kidneys. Gelatin causes less putrefactive decomposition in the intestinal canal than any other albuminous food, with possibly the exception of milk. The fear that an intake of albumin excepting in the form of raw eggs will increase the albuminuria is unwarranted; but by limiting the amount of albuminous food, we save the kidney epethelia extra work.

As I said before we must be sure to maintain Nitrogen equilibrium, and this can be readily done by estimating the amount of nitrogen excreted in 24 hours and adding to it 1½ grms. of Nitrogen; the amount excreted as a rule by the bowels. Nitrogen Metabolism varies in individuals of the same size, considerably, and one person can maintain Nitrogen equilibrium on 50 grms. of proteid with the necessary calories of fat and carbohydrates during 24 hours, while another person may need from 60 to 100 grms. while up and about. Of course during acute exacerbations of the disease when our patient should be in bed, or if the excretion of urea drops below the normal, the amount of nitrogenous foods should be greatly reduced. At no time should we give more in 24 hours than the kidneys excrete, otherwise there will be retention, and with it the bad effects of these retained proteid products. Milk is undoubtedly the best food for the Nephritic if it agrees with him. The amount however that we can give a patient if we intend to nurse the kidneys, is limited; as a quart of milk contains about 35 grms. of albumen. In order to maintain nutritive equilibrium on a milk diet alone we will have to give from 3 to 4 litre per day and that amounts to 105-140 grms. of albumin, which would certainly be putting much extra work on the kidneys and giving more nitrogen than diseased kidneys should excrete. It would also in the interstitial form mean extra work for the circulatory system and heart, and these deserve as much consideration in the treatment of interstitial Nephritis as do the kidneys themselves. Milk is also rich in phosphates and 3½ to 4 litre of milk would increase the excretion of the latter from 3 to 4 grms. in 24 hours.

Now according to Von Noorden, the phosphates are poorly excreted by diseased kidneys and therefore increasing the amount of phosphates would be extra work on the kidneys. For this reason, Von Noorden recommends that patients suffering from Nephritis, take daily small doses of carbonate of lime, as the lime unites with the stronger phosphoric acid and is excreted by the bowels. 1½ litre of milk per day in addition to which two to three eggs or 6 to 8 oz. of meat with plenty of fat, cream, butter, oil, bone marrow, some gelatine, olive, nuts, bacon, carbo-hydrates, vegetables, (excepting radishes, celery or asparagus) all kinds of fruits, a cup of coffee or tea, chocolate or cocoa, is a sufficiently generous diet from which to select. The Chronic Nephritic should rest as much as possible and during acute exacerbations, be put to bed and treated as if he had acute Nephritis and kept in bed until the acute attack subsides. In order to nurse the kidneys, we must keep the skin of our Nephritic patient active and in good condition, remembering the fact that injuries to the skin, such as burns, are often followed by Nephritis. Semola found that in experimenting on dogs, if he varnished only a part of the skin, death from acute Nephritis followed. Two to three sweat baths a week followed by a salt or alcohol rub with massage and subsequently rubbing in cocoa oil or butter, is highly beneficial.

Another organ that is a great assistance in aiding us in our attempt to nurse the kidneys, is the liver. If in good condition it properly metabolizes the food, neutralizes poisons, kills off bacteria, which otherwise would be excreted by the kidneys and cause irritation, thus adding to their burden. We are all aware that in cases of jaundice or even simple biliousness, there is frequently a severe irritation of the kidneys as evidenced by the appearance of albumen, casts and kidney epithelia in the urine. Deep breathing exercises, massage and thumping of the liver with vibrators will frequently stir up this organ to better action and thus aid the kidneys. The intestinal tract must also be looked after. Constipation and retention of waste matter in the intestines act detrimentally on the kidneys; during intestinal disturbances the kidneys are frequently irritated. In cases where the

anus of dogs was sewed up death resulted from acute nephritis.

We should therefore keep the bowels active because we thus remove waste products and reduce the amount of intestinal putrefaction. Those poisonous end products of the bacterial decomposition of the albumenous substances in the alimentary canal, Phenol, Indol, Skatol and Parakresol are as a rule rendered harmless while passing through the liver; but if they are in excess, or if as is so often the case in Chronic Nephritis, the liver is incapable of neutralizing them, they act as poison, causing auto-intoxication and irritating the kidneys. Besides cathartics to eliminate these poisons, I use high intestinal akaline solutions at the same time giving urotropin to diminish the amount of indican. Dr. Loebisch first called attention to the fact that the administration of urotropin diminished the indican and as the amount of indican excreted by the kidneys is considered as indication of the amount of bacterial putrefaction going on in the intestinal tract, we have in urotropin a remedy to reduce this putrefaction process to some extent.

Right here I wish to emphasize the fact that an attack of diarrhoea in a Nephritic, frequently is Nature's way to relieve the system of retained poisons and should oftener be encouraged than checked.

The stomach is another organ that can aid us greatly in nursing the kidneys. If there are dyspeptic symptoms, it may be well to make an examination of the stomach contents after a test meal; at the same time inflating the stomach and noting its location. If hydrochloric acid is deficient, it should be supplied not alone for its action in the stomach, but also for the fact that as Pawlow has shown it is the most energetic pancreas stimulant we possess; and an actively working pancreas, is not alone an important aid to intestinal digestion, but also a hindrance to excessive intestinal putrefaction. In cases where dechloridation, of which I shall speak later, is indicated, hydrochloric acid is often found diminished in the stomach. If the stomach is found enlarged or prolapsed, deep breathing exercises, massage and an abdominal support will be a great assistance to our patient. As in all chronic diseases, the alkalinity of the blood is diminished, we should try and keep it normally alkaline, as then its oxidizing power is at its best and thus may be of assistance in fortifying the system against infectious diseases which are always a great menace to Chronic Nephrities. Alkaline waters between meals are beneficial, and here on the Coast I have found Bartlett Springs water very satisfactory. One or two bottles per day. In the interstitial form however, if there are any indications of heart degeneration, we must curtail the amount. Of drugs that will influence the chronic parenchymatous nephritis itself, I know not one excepting mercury and the iodides in syphilis and quinine in malaria. In the interstitial variety however, the iodides internally, externally or hypodermically are beneficial. Iron and arsenic and secithene and small doses of quinine and strychnia are frequently useful for their tonic effect on the system. By thus regulating the general hygiene and diet of our patient, we have as a rule done enough until either an acute exacerbation takes place or the severer complications of chronic Nephritis or a heart insufficiency manifests themselves. Dropsy, uraemia and apoplexy are the dangerous complications. If dropsy sets in, put the patient in bed, try and eliminate by kidneys, bowels and skin and drain early by making long incisions or using drainage tubes. Frequently after draining the kidney stimulants will act, while before they were ineffectual. The best kidney stimulants are those which increase their blood supply; by dilating the afferent blood vessels of the kidneys and by improving the heart action, at the same time stimulating the kidney epithelia. These are the Caffeine compounds; diuretin theocine and agurin. Caffeine compounds in connection with digitalis for a few days are at times very efficient.

The old-fashioned diuretic cream of tartar in 20 to 30 grain doses three times per day, acts well at times. These remedies however are all of temporary benefit; they soon lose their effect and must be discontinued especially if they irritate the stomach. Here it is well to mention dechloridation which has been attracting our attention for the past three years. In established dropsy or if at any time the chlorides are poorly eliminated it is well to diminish the chlorides in the food on account of the retention of chlorides in the dropsical fluid; and for the fact that in some cases of the Nephritis the chlorides are poorly eliminated; this salt free diet should be kept up for some time but do not delay drainage; for by draining early you avoid the irritation of the intestinal tract from the use of cathartics and diuretics, you relieve the pressure in the skin and its blood vessels, thus enabling it to functionate better and be better nourished in turn and may prevent gangrene. On the whole, I think nearly all of us put off draining too long.

Uremia is a severe complication; eliminate by bowels and by sweatbaths or packs, giving pilocarpine; if the heart muscle is strong. Bleed freely if tension is high. Spinal puncture has been tried successfully by Seifert and lately by Robert Wilson of Philadelphia. Spinal puncture appeals to me especially in the uraemia of acute nephritis. In one case where I used spinal puncture it at least stopped the convulsions. It is also in cases of acute congestion of the kidneys and acute suppression of the urine that I think the surgeon is justified in cutting down on the kidneys and draining them. Morhpia should be given to prevent or during a convulsion. It should be given guardedly especially in the parenchymatous form. I generally inject it in small 1-12 to 1-8 gr. doses intravenously combining it frequently with hyoscine. Apoplexy should be treated as any other apoplectic insult. At the first sign of heart insufficiency we must put our patient to bed remembering the fact that as the heart does from eight to twelve times more work when the patient is up and about. Recumbancy is naturally the best remedy to rest the heart and our heart tonics, digitalis, strophanthus sparteine, strychnia, caffeine, alcohol and adrenaline chloride, act much better if we put our patients to bed. The combination of caffeine and digitalis I consider a very forunate one as caffeine dilates the coronary arteries, while the digitalis showing the heart's action prolonging the diastole and increasing the aortic tension, forces more blood through the coronary arteries and thus nourishes the heart muscle better and improves the metabolism in the heart muscle itself. Adrenalin chloride should not be administered for any length of time especially in the interstitial form as it has been shown to produce arterio sclerosis. We should restrict the amount of liquids and as the heart gets stronger use carbonic acid gas baths with gradually increasing resisting movements. In the last stages of Bright's disease opium or one of its alkaloids is at times the only remedy that will give the patient even temporary relief and it should therefore be given freely.

THE TREATMENT OF MALIGNANT TUMORS

By ALBERT SOILAND, M. D.
Los Angeles, Cal.

The tendency of a great many malignant tumors to recur, even after extensive surgical interference, is a deplorable fact and one apparent to us all. In view of this, any procedure that gives promise of preventing this recurrence or retarding it, if only to a slight degree, should be resorted to, provided the procedure in question be safe and sane. Of the methods employed to act in conjunction with surgery in attacking extensive malignant disease, I know of nothing

better than the Roentgen rays. That these rays have a specific influence over perverted cellular growths, there can now be no question. This specific action is more marked, the nearer the surface of the body the diseased tissues lie, or in other words, at such points where the unimpeded rays can attack the lesion.

Another fact of importance is that the more recent the tumor, or the more embryonic tissue it contains, the more rapid is the corrective reaction in it established by the Roentgen influence.

Reasoning along these lines, then, the time to begin radiation is immediately after the surgeon has removed the growth, or as much of it as possible. I have on former occasions urged the advisability of raying an operable, malignant condition both before and after its surgical removal, believing from the known action of the rays, that a greater proportion of permanent cures will follow this procedure, than by surgical removal alone.

A little over a year ago, at the suggestion of Dr. W. W. Hitchcock, I made an application of powerful X rays directly into the wound, immediately following the extirpation of the tumor and while the patient was under the influence of the anaesthetic. This patient suffered from a large, mammary cancer which was accompanied by a great deal of necrotic glandular involvement and pus. The wound healed quickly, without secondary infection, and there has been no sign of recurrence of tumor to date. Two other patients have been subjected to, similar X ray exposures directly into the wound, before closing the same, and healing has been rapid.

It is, of course, too early, and the cases cited too few, to claim any marked results for this form of X ray treatment. It is, however, reasonable to suppose that when a tumor mass has been removed and the wound gapes wide open, any obscure, microscopic nidus of disease or scattered infective material, is bound to receive the full force of the X ray energy brought to bear upon it at such a time. Not having seen nor heard of any attempt of this kind being made by other operators, I desire to go on record as being firmly convinced that the procedure mentioned is of scientific value, and should be employed in every instance under like circumstances where practicable. I believe if this treatment is carried out correctly, that the future will show a smaller proportion of recurrences than we now are confronted with.

AN UNUSUAL CASE OF PREGNANCY

By J. F. SPENCER, M. D.
Gardena, Cal.

Read before the Los Angeles County Medical Association Nov. 17, 1905.

Mrs. M—age 44, spare, weight 130 lbs. native of Denmark, four full term pregnancies, one miscarriage, 1889; no unusual trouble during her pregnancies; specific history negative.

On June 28th I was called in great haste to attend her, severe flooding after the water had broken, at her 7½ month's pregnancy. On examination I assured her that she must be mistaken as to her time, that if she were at all pregnant she could not be more than 4 months. She claimed that she had felt life for 3½ months and was positive that she was that far along. The hemorrhage being checked I put her on the expectant treatment assuring her that the size of the womb would not admit of any 7½ months child and time would favor it. She admitted that her size had gone down some "since the water broke." She improved daily, at the end of two weeks she got up to do her household duties feeling quite strong.

Four weeks from the date of the hemorrhage she became "unwell," a slight show only and desired some help which was given resulting in the usual flow, lasting the usual number of days, and felt quite relieved.

Three weeks after the above time she again had her period with same result. On September 23rd the third period of being "unwell" came on in the same manner, but with great bearing down pain which caused her to send for me. The pain being more like labor pains made an examination necessary which showed a dilated os to admit three fingers coming in touch with the leg of a foetus. With but little aid the foetus and placenta were delivered at once, with no hemorrhage to follow. The head of the foetus presented a flattened shape, no odor and no blood on the surface of the placenta.

The peculiar part of the case is the long time that the foetus was retained in the womb, two full menstrual periods having passed before delivery.

The time from the supposed conception until the delivery of the foetus was fully ten months.

In examining the foetus you will observe how the walls of the uterus have compressed the head out of all shape.

The interesting part of the case is the two periods of menstruation without the miscarriage being brought about and this is the reason of our presenting this paper, trusting that it may be of some interest to this Society.

I may add that the patient has made a good recovery, able to attend to her household duties and menstruates every 28 days and is in good health at present.

A RARE CASE OF HEMATOMA

By CHARLES FREEDMAN, M. D.
Assistant Police Surgeon, Los Angeles, Cal.

Some time since while acting as a "locum tenens" in a California mining camp, situated on the Colorado River about 56 miles north of Yuma, Ariz., I received a call from the mine, about six miles distant, that my services were required there, and not knowing the nature of the case, simply took my handbag containing a few tablet triturates etc. Arriving at the mine I was met by a Mexican, who asked me to hurry as his wife was "muy malo." We soon reached his hut (a miserable 6x8 thatched roof affair) to find a woman in labor. Unfortunately neither she nor her husband could speak English, so it was necessary for me to call in an old Mexican woman to act as interpreter as well as my assistant. Through her I learned that the woman had had several children and that all deliveries had been normal. The present pregnancy had been uneventful so they had called on the camp midwife to confine her.

Labor had started twenty-four hours previous to my arrival, but delivery seemed to be as far away as ever, and as the woman was about worn out, they became frightened, and more so when the "womb fell out" as explained to me by my assistant. It was then they decided to call on me. Upon examination I noticed a large globular mass, about the size of a fist, completely occluding the vagina, (this was the womb falling out.) On digital examination it was found to be attached to the anterior vaginal wall; and from its color and general characteristics I concluded that I was dealing with a large hematoma.

By using my right hand as retractor I managed to raise the mass sufficiently to allow my index and middle fingers of the left hand to pass beyond the obstruction into the vaginal canal and up to the cervix uteri, which was low down, and fairly well dilated. The patient at this time was suffering from shock and I decided that forceps were indicated; but, unfortunately they were seven miles away. Strychnia 1-30 was given hypodermically and I left to telephone for my obstetrical bag. On my return I found that the presenting head had descended and was pressing upon the upper surface of the hematoma. As before I managed to retract the mass, which allowed the head to slip by the obstruction, this in turn by the rest of the body. Placing the child between

the mother's thighs' I grasped the uterus, Crede's Method to find another child there.

After ligating the cord, the hematoma increased greatly in size, so that I concluded the other child could not pass it.

The patient during this time was suffering from severe shock and was almost pulseless, and further the presenting head showed no inclination to engage itself in the pelvis. Strychnia 1-15 was given hypodermically and hot water and hot brandy per rectum. My bag not having arrived, I procured a saddled horse and started for the Hospital, riding as fast as a temperature of 122 degrees in the shade would permit. Securing my outfit and a change of horses, I was soon on my way back, arriving there about 7 p. m., to find my patient weaker if anything. Chloroform anesthesia was commenced by my assistant and as soon as completed, I opened the hematoma through a large incision and turned out the clot, and without waiting to control the smaller hemorrhage, applied high forceps and succeeded in delivering the child. After ligating cord, inserted my hand into uterus and detached two separate placentas, then gave hot uterine douche. Ergotol drs. 1 hypodermically. Was unable to locate any bleeding vessels, so closed incision with drainage. The uterus contracted down, so the patient was put to bed and surrounded with hot water bottles.

At midnight her condition was such that I felt safe in leaving. The following morning she had reacted nicely but had a temperature of 101, which increased to 104 on the morning of the fourth day.

Without anesthesia a light curettage was performed, followed by hot bichloride irrigation.

An uninterrupted recovery followed. On the second day the first born died—probably from heat exhaustion.

The interesting parts of this case to me, outside of the fact that according to literature hematomas of this description are rare, occurring in about 1-1600 cases, are the conditions under which I worked, the woman was confined on the ground in a filthy hut, in a heat that was excessive, never being less than 110 degrees, and the utter uncleanliness on my part, no attempt whatever being made to render hands, parts or instruments sterile and yet patient escaped complication, except that due to retained secundines.

METASTATIC MELANO-SARCOMA WITH UNUSUAL FEATURES

By C. A. SMALLEY, M. D.,
Los Angeles, Cal.

Read before the Los Angeles County Medical Association, Jan. 19, 1906

Patient, a bee keeper 51 years of age, from Colorado; in excellent health until last illness.

Probably six months before his last illness, had noticed lumps appearing under the skin on different portions of the body. He would not notice them until they had fully appeared; there was no pain or other subjective symptom after their appearance and apparently no increase in size. If any change he believed there had been a diminution in the size of some of the lumps.

About the first of September 1905, he suffered an "apoplectic attack" as he phrased it, and became paralyzed on his right side, together with an inability to articulate. He partially recovered from this attack, but every few days would bring an exacerbation of his trouble—then a gradual and partial recovery, and again would the symptoms become aggravated.

About the 20th of September he came to Los Angeles, and was admitted to the Clara Barton Hospital suffering from another exacerbation. Here an examination showed a man of medium height, stocky in build and muscular. His face presented no asymmetry. The sub-

cutaneous lesions before noted were firm, not freely moveable, and apparently in the areolar tissue. There was a variation in size from a pea to a small marble, and in shape from almost spherical to an elongated mass probably as large as a little finger. Variations in color of skin over these tumors were noted from a bluish black, as of a recent severe bruise, to only a slight discoloration.

There was no uniformity in distribution; but the large ones were under the skin of the abdomen. There was no complete hemiplegia, but more of a paresis with weakness and twitching of the right leg and arm. Patient talked with some hesitancy, but clear enunciation. There was also a slight hesitation between questions and answers indicating a hebetude—whether due to a phlegmatic temperament or to the brain lesion we were unable to know.

Pupils reacted to light and accommodation, apparently equal in size. Tongue was protruded in median line and was not noticeably tremulous. Lungs were normal. Heart sounds, first, strong and second somewhat accentuated without hypertrophy. Liver was not palpable nor was the spleen. Right knee-jerk was slightly exaggerated and left seemed normal. No Babinski; sensation seemed unimpaired.

Urinalysis showed urine of clear amber color. Specific gravity 1018. No sugar; a trace of albumen, 1800 c c in twenty-four hours and a urea excretion of 21 grams, for 24 hours on restricted diet. No symptoms referable to the genito-urinary system appearing and even the indefinite lumbar pain of which he had earlier complained, having disappeared. But one urinalysis was made.

He complained of some pain in the head, was nauseated at times and vomited frequently. Also was irritable but to no great degree. He was troubled with slight insomnia.

October 6, the nurse noticed his heavy sleep and could scarcely arouse him. His pupils became dilated and his respiration stertorous. Gradually he became more stuporous, developed Cheyne Stokes respiration and died Oct. 7.

No rise in temperature and with pulse from 78 to 80 until very near the end. The autopsy conducted by Drs. Barton and Hastrieter showed a man of 5 feet, 7 inches, near 170 pounds in weight. Rigor mortis present. Small tumors under skin, bluish and somewhat raised, irregularly distributed. Tumor excised, subcutaneous, filled with a blackish semi-gelatinous material, seems to be connected with blood vessel.

Brain. Membrane clear and showed no unusual marks. A tumor in right anterior occipital convolution, size of walnut, excised, showed space filled with blackish gelatinous mass, seemingly composed of blood and other indefinite material gritty to touch. Another tumor in right anterior central convolution near left Fissure of Rolando. Left internal capsule and vicinity filled with same material, not so encapsulated and apparently more blood.

Thorax opened, showed pericardium dotted with small tumors the size of peas and smaller, incised, showed apparently some material as elsewhere.

Lungs coal-stained with a few fibrous areas probably healed tubercular lesions. Heart in normal position, weight ten ounces; not increased in size; normal chambers and valves perfect. Coronary arteries showed no degeneration. Heart muscle good. Pulmonary arteries and aorta apparently normal. Liver in size, appearance and on section seemed normal. Spleen and pancreas showed no lesion. The mesentery and omentum dotted quite profusely with small tumors, a grain of wheat probably being an average size. Right kidney and liver adhered with mass size of fist. Incision showed some material as in other tumors, apparently connected to renal vein and over site of adrenal. Adrenal not found. Left kidney capsule strips easliy, cortex normal. A mass at upper pole of kidney seemingly connected with blood vessels of kidney and apparently involving adrenal gland. Incision show-

ed characteristic, blackish material in lobular mass.

Tumors presented to Dr. Black and pronounced melano-sarcoma. Some points of interest in the case are:

1. The apparent involvement of all the structures in internal capsule without total and permanent hemiplegia and sensory disturbances.

2. The involvement of right Rolandic region without motor symptoms referable to left side.

3. The normal pulse, respiration and temperature throughout disease until very last.

4. The first hemiplegic attack without previous warning and temporarily complete; probably from hemorrhage.

5. The mild subjective symptoms present: The slight headache, the infrequent vomiting, the non disturbance of special senses and the very slight mental disturbance.

6. The metastases involving symmetrically the upper poles of kidneys, and the lungs, liver, heart, spleen and pancreas apparently escaping.

7. The apparent absence of primary growth in accepted sites of such.

8. No apparent systemic disturbance from involvement of adrenals.

9. No symptoms of kidney metastases except an indefinite lumbar pain, not continuous or noticeable until elicited by careful questioning.

10. The almost complete amelioration of symptoms, at times, during period between first attack and last attack, while pathological process continued increasingly active.

Finally, the case illustrates forcibly what extreme difficulty one may meet in making an accurate topical diagnosis of brain lesions.

ECHINOCOCCIC CYST OCCLUDING THE PYLORIC END OF THE STOMACH

By H. P BARTON, M. D.
Los Angeles, Cal.

Read before the Los Angeles County Medical Association, Jan. 19, 1906

The case I have to report tonight is one of particular interest, owing to the absence of symptoms that would in any way determine a diagnosis prior to the necroscopic examination.

Mr. S., age 39 years; a native of Ontario, Canada; a boiled tender and stationary engineer. Father died of pneumonia at the age of forty years; mother died of epilepsy, aged about sixty-five years. Two or three sisters have died of pulmonary tuberculosis.

He never had a severe illness prior to to the winter of 1904, when he contracted a severe cold, terminating in a chronic cough, to which he paid little attention until the spring of 1905, when he consulted a physician for relief. In June or July last he was suddenly seized with severe colicky pains in the epigastrium. His physician was called and the patient said a diagnosis of gastritis was made. In spite of all treatment the pain continued of varying intensity for twenty-four to thirty-six hours, when it ceased and he returned to work, feeling as well as usual. From time to time subsequent to this attack he had transitory pains which he attributed to gas, and from which he found relief in "Dyspepsia Tablets." His appetite was always good and eating and drinking never seemed to cause the pain, but would always aggravate it when it existed.

His tubercular condition grew worse and he was finally compelled to cease work and was advised to go to California. He consulted me concerning his lung trouble soon after arriving here, but did not mention having had stomach trouble. Three days later I was called to see him and found him suffering intensely with colicky pains in the epigastrium. There was great tenderness over the entire abdomen and particularly over the stomach. The slightest touch was almost unbearable, hence deep palpation was impossible. The abdomen was tense and quite tympanitic. He was positive the cause of the pain

was gas in the stomach and bowels, and, acting on his suggestion, I adopted means to relieve him of the gas. Castor oil, Epsom salts and high enemata were given, together with various carminatives. The bowels soon moved freely, the pain and tenderness disappeared, and the following day he was up and around as usual, with a good appetite and normal bowel movements. He gained strength daily for five days, when I was again called and found him in a condition similar to the one previously outlined. The same measures for relief were resorted to, but the result was nil. The stomach was washed out and various drastic purgatives were given, but no movement of the bowels could be obtained, nor did the pain lessen until morhpine was given. During both of these attacks there was no temperature and the pulse was 120 to 140.

Dr. Eddy was called in consultation at this time, and various suggestions from him were followed, with the same negative results. That the condition was one of obstruction or paresis was evident; the complete absence of vomiting and hiccough indicating paresis rather than obstruction. The advisability of an operation was considered, but the man's extreme weakness from his tubercular trouble and from the twenty-four hours of suffering argued strongly against it. It was now certain that he would die, operation or no operation. The pains ceased and he sank into a comotose state, and on the third day he died.

The necroscopic examination showed the lungs far advanced in the second stages of tuberculosis. Practically all of the fluids that had been given him during the illness were found in the much distended stomach. The liver was normal in size, but under the left lobe, attached to the capsule, to the common duct, to the diaphragm, to the pancreas and tissues of the back, and to the small intestine at the pyloric junction, was a spherical mass nearly four inches in diameter, which had completely occluded the lumen of the gut. The difficulty with which it was removed proved the wisdom of our non-operative interference. An examination of the tumor showed the characteristic echinococcic cyst, with the common cyst filled with Hydatids. I made no miscroscopical examination of the contents of the cyst, but I am sure Dr. Black, to whom the specimen was given, will tell you that Hooklets in abundance were present.

I have been unable to determine any positive source of infection. Two years ago the patient owned a pet dog, but I could not learn the fate of that animal.

BOOK REVIEW

MAN AND HIS POISONS. *A Practical Exposition of the Causes, Symptoms and Treatment of Self-poisoning.* By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S. Illustrated. New York, E. B. Treat & Company, 241-243 West 23d St. Price $1.50.

This book following so closely upon "The Blues," suggests the query, "Is Dr. Abrams an ideopath?" (vide chapter IX—Self-poisoning). I shall not answer the question, "read the book and see." Certain parts of the book made pertinent the paraphrased quotation from Hugo: "It is nothing to die; but it is frightful to be obliged to live."

He presents suggestive therapeutics including vibration and electricity, in a favorable light and emphasizes the value of the sinusoidal current as a curative agent. The book is worth the price for the citations and questions, and the suggestions as to exercise, diet, massage and salines, are so sensible, that I feel like "patting him on the back" just a little.

The notes in the appendix are suggestive—especially those referring to the vasomotor factor in blood pressure; sphygmography of the abdominal aorta, and chromo-diagnosis.

THEODORE G. DAVIS.

EDITORIAL

CONCERNING A SURGEON'S FEE

Dr. Robert T. Morris discusses this subject in his characteristically entertaining style in the January 6th number of the Medical Record. He was called twenty miles out of New York to operate for appendicitis on the son of a wealthy woman and charged one thousand dollars for his services. The lady objected to this charge and wrote:

"I have been considering the amount of your bill which you sent me, and after consultation with friends, who have had similar service rendered by Dr. A. and by Dr. B. for much more serious matters, it seems to me that the basis established by Drs. A. and B. should be satisfactory to you and therefore hand you my check for $600."

Dr. Morris replied in very respectful and appropriate language and pointed out the injustice which Drs. A. and B. wrought to themselves and especially to their professional colleagues of equal, if not superior skill, by seeking to pauperize well to do people by operating for beggarly fees. He lays bare the weakness which will lead an operator to accept more work than he is capable of doing well, by filling up the hospitals with patients drawn to him by undignified charges. It is a competition which cannot be met on any plane of honor, and degrades the art which distinguishes a noble guild.

Dr. Morris was finally paid his proper fee after a somewhat humiliating correspondence, in which letters from the surgeons, living in different cities, commending his course and pronouncing his charge extremely modest, were exhibited. But the lesson from this experience is clearly revealed in the invidious and unanswerable comparison of the value of his services measured by his surgical skill and judgment with that of Drs. A. and B., which his patron was only too ready to make to his disadvantage. This cheap and far too common style of argument is as potent as it is insidious. As long as it is resorted to by laymen, it will prove a shield behind which the commercialist in the profession will seek to conceal his methods.

The only fair and honorable basis of fees is the reasonable ability of the patient to pay, without hardship and deprivation. The man who conscientiously adheres to this principle will find himself loved alike by the profession and the laity. He lays himself open to the charge of neither cheapness nor privacy and may be depended upon to be just to all.

A. S. L.

OUR CONDITION AS THE ORGANIZER SEES IT

In his report to the Journal of the A. M. A. under the heading "The Status of Organization Work in California," Dr. J. N. McCormack sees much to condemn, and a little to praise in Los Angeles.

It was Dr. Philip Mills Jones, I think, who dubbed Los Angeles "the Mecca of the Quack," and now Dr. McCormack agrees with Dr. Jones in announcing that "Los Angeles is a veritable paradise for quacks."

Of course while the able editor of the State Journal was a constant companion of Dr. McCormack during his itinerary, and while the expressions of opinion of these able gentlemen are so nearly identical, it must not for a moment be in-

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ferred that Dr. Jones exerted any influence upon Dr. McCormack in forming and giving utterance to this opinion; moreover, be it understood now, and henceforth and forever, that Los Angeles is the "veritable paradise" for anybody and everybody who once has the good fortune to step within its hospitable walls.

While snow-bound frost-bitten men and women from the frigid East are flocking into this beautiful country, is it to be marveled at that among their number we find the ubiquitous quack? The quack is not usually a fool, but on the contrary a very bright fellow, and we are not at all surprised that he knows a good thing when he sees it.

Our equable climate, our beautiful fruits and flowers, and our health-giving genial sunshine attract the quack as well as the ethical medical man; and surely we are not to blame for being so attractive—we cannot help it.

The "chiropractics, the neuropractics, vitopaths, neuropaths and others not classified," Dr. McCormack says, "were extensively and expensively exploited in open defiance of law and decency, all claiming of course, not to be physicians."

Under existing circumstances I do not think the Los Angeles County Medical Society should be blamed for the quasi-professional existence of these abnormalities, for until the law more comprehensively and seemingly defines the practice of medicine this organization is powerless to go further than it has gone. Perhaps this defect of the law will be remedied at the next session of the legislature.

Dr. McCormack sugar-coated his bitter little pill with the following deserved observation:

"We had more time again at Los Angeles and looked into local conditions carefully. Owing largely to the personal efforts of an active and capable president, Dr. Joseph M. King, this society has made a rapid growth during the past year in both membership and interest, and a successful warfare has been waged against a number of unlicensed quacks of the lower order."

J. P. B.

THE MEDICAL LIBRARY

Among other topics discussed during a conversation with Dr. Geo. Dock of Ann Arbor a few weeks ago, was the present status of the profession in Southern California.

Dr. Dock is an enthusiast over all things western, having been through a large part of the west during numerous journeys. He is exceptionally well informed concerning the physicians of the Southwest. It kindled feelings of pride therefore when he stated, that, in his judgment, the general practitioner of this section is the peer of those of any other part of the United States.

He, in common with many other progressive Eastern men spoke words of hearty congratulation for Los Angeles and Southern California when told of the rapid development of the Medical Library idea here and of the certainty of a permanent home for such an institution in the near future. Personal assurances were had from Dr. Dock, from several Medical Librarians, and from men directly interested in such

libraries, that any assistance within their power would be given to us in the effort to build up a valuable collection of medical books and periodicals in Los Angeles. This indeed is great encouragement. The writer returned home feeling that at last the way is about to be opened to large possibilities for medical study and research without the necessity of great sacrifice of time and money in travel to attain that end.

The Barlow Medical Library building, opposite the main building of the Medical Department of the University Southern California, constructed of iron and concrete,—absolutely fireproof,—is well under way; the foundation all being in and the walls partly up. A large nucleus of books of value, as well as numerous files of periodicals both bound and unbound are already waiting to be catalogued and placed upon the shelves. There are many men both here and in the East who have one or more books ready to be sent in to this library as soon as a safe place is secured for them.

Dr. Dock's statement concerning the general practitioners of this section was applied to them personally, and individually. No other step which the profession of Los Angeles as a whole could take is capable of raising it as much in the estimation of all scientific men as the continued hearty and sensible support of this library about to be so beautifully housed and solidly founded.

R. M.

THE SPIROCHAETE PALLIDA

It would seem from the reports coming in from all over the country of observations of the Spirochaete Pallida of Schaudinn and Hoffman in primary and secondary lesions of syphilis, that the verification of this important work is being rapidly accomplished. The place of the Spirochaete Pallida in biology, however, is uncertain, many observers believing it to be of protozoon nature, while others are more inclined to place it with the bacteria. The difficulty of staining the parasite and the possibility that the whole organism is not brought to view by the present methods of Giemsa have stimulated many laboratory workers to try various technique for staining the organism. The absence of Spirochaete Pallida in primary sores which are nearly healed has been verified by a number of independent workers. Its presence in the superficial layers of secondary lesions is constantly observed, while those cases reported in which the organisms were found in tertiary lesions are very few.

After inoculation experiments of monkeys by Metschnikoff the spirochete has been recovered from the lesions. Thus far the cultivation of the organism has not been reported, but with the great interest manifested all over the country this problem too will be attempted.

A vast amount of research is necessary before the work already done can be established or refuted—and in the meantime study of the subject is increasing week by week.

* * *

Dr. J. P. Thomas of the Philippine Islands reviews in a thorough manner the action of various chemicals on pure cultures of the amoeba coli, in the Journal of the American Medical Sciences for January.

Cultures are found to grow best on 2 per cent. agar, 1 per cent. alkalinity in symbiosis with bacteria, the development decreasing as the bacteria die out. The bacteria used are B coli commeme,

Spirillum Cholerae and two non-pathogenic pigment producing saphophytic bacteria.

These cultures produced the disease in man and monkeys. Thymol in 1:5000 solutions destroyed the parasites in twenty minutes, quinine sulphate 1:250 solutions destroyed most of the organisms in twenty minutes. Copper sulphate, permanganate of potassium, tannic acid, quassia ichtyod had but little effect.

Special experiments were carried on with a view of determining the action of dilute solutions of copper sulphate on water infected with amoeba. Solutions 1:5000 for one hour were brought in contact with the cultures with little or no effect on the development of the parasite. Solutions 1:10,0000 and 1:000,000 were proved to be ineffective in destroying the parasite, although the growth of the cholera spirillum was inhibited.

E. L. L.

THE SUPRARENALS AND VASCULAR HYPERTENSION.

The paper read by Dr. Theodore G. Davis of this city, before the Los Angeles County Medical Association on Friday evening January 12th was a complete and carefully prepared "Resume of recent literature relating to the supra-renal gland and its application to Clinical Medicine."

Passing hastily over the anatomy and histology, Dr. Davis took up the secretion, its origin, chemistry and physiological action, presenting in a concise manner the latest foreign literature, much of which was presented in English for the first time.

He pointed out that the action of adrenalin was upon the muscle cell *directly*, without intervention of the nervous system, and that it caused three of the conditions producing hypertension, by increasing the force of the heart, by increasing peripheral resistance and by lessening the elasticity of the arterial walls. The fourth essential volume of fluid in circulation, being influenced by the fluids ingested. He pointed out the fact that the increase of peripheral resistance caused over filling of the vessels of the minor circulation especially of the lungs. That the use of adrenalin was contraindicated in any condition accompanied by hypertension as well as in pneumonia even if hypotension did exist, and the same applied in conditions when effusion occurred into a cavity as in pleurisy and ascites.

Adrenalin is also contraindicated in hemorrhage from the intestines, stomach, liver or lungs; for by raising peripheral resistance it increases the amount of blood not only in the minor circulation but in the large veins of the systemic circulation.

He pointed out that adrenalin, experimentally, produces changes in the vessel walls, especially of those subjected to endovascular pressure, identical with those observed in atheroma and described the chemistry of the same.

Taking up other changes in the tissues he suggested the probable origin of hyaline, mucinoid and amyloid and the probable cause of fibrosis, suggesting they were of local origin and produced by cleavage of the cytoplasm; by enzymes.

The pigmentation occurring in Addison's disease, and other pathological processes are due to the action of tyrosinases upon the tyrosin group in the proteid.

In the discussion which followed Dr. Stookey dwelt particularly upon the chemistry of adrenalin and advanced some original ideas regarding its structural formula. Dr. Black laid particular stress upon the theories advanced regarding pigmentation and the pathology of atheroma and fibrosis. Dr. Leonard spoke particularly of pathological changes noted in the adrenals at autopsies, while Dr. Colliver illustrated his remarks by tracings showing the physiological action of adrenalin upon animals.

Others took part in the discussion and the entire evening was spent in considering the subject.

C. P. W.

CORRECTIONS

In an editorial relative to the treatment of minor injuries, which appeared in last month's issue, a typographical error makes it appear that suppuration is to be expected after laparotomies.

This is, of course, ridiculous. Such misfortunes are luckily most infrequent.

E. H. W.

MISCELLANY

PROFESSIONAL OPINION AS TO SMOKING.—The Practitioner has gone to the trouble to elicit the opinions of a number of medical men concerning the effect of smoking upon the health. Nothing new or decisive is reached as a result, and the editor, in summarizing the discussion, takes the customary standpoint that abuse, of course, may be due to the habit, that the custom of smoking by boys is wrong, but not sufficiently so to warrant any control by law. Fun is, indeed, poked at the "faddists" who are seeking to control the abuse both in this country and England. Everyone is to judge for himself, and the spirit of the editorial principle of *laissez faire* is shown by the quoted jingle:

Cats may have had their goose
Cooked by tobacco juice;
Still, why deny its use
Thoughtfully taken.

Doubtless, professional opinion as regards the use both of alcohol and tobacco has been often dictated by the personal habits of many medical writers. The purely scientific or clinical facts, moreover, are hard to get at. The question is not as to the physiologic and single dose, nor the very moderate use, but relates to the persistent use, the long-continued habit, and the effects of overuse and abuse. No data are at hand to determine such questions, and the matter thus comes down to the attention of careful clinical observers, the collection of isolated cases and facts, and attention spread over many years by exceptionally shrewd men, both patients and physicians. There is an old story which illustrates too well the attitude of some physicians:—Strict rules as to diet, etc., were laid down to the poor patient by the grand medical adviser, ending with a stern command, "and one cigar after each meal!" In a week the woe-begone sufferer returned worse than ever, saying: "I have carried out your orders, doctor, accurately, in everything except as regards tobacco. I have never smoked before this, and every time I try to smoke as you said, after each meal, I become sick as death, vomit, and it takes 24 hours to recover. I cannot do it!"

* * *

A NEW SERUM FOR RHEUMATISM.—It is said that a report will soon be issued through the New York Academy of Medicine on the discovery of a new serum in the experimental laboratory of the Cornell University Medical School, which will mark an advance in the treatment of certain forms of rheumatism. The discovery is one of the latest results of investigations in experimental physiology and pathology carried on by a staff of ten under direction of Professor Buxton.

A coma lasting one hundred and forty-five days, resulting from cerebro-spinal meningitis, is reported in the case of a Yonkers, New York, boy, eight years of age, who sank into unconsciousness on April 8 and remained completely and uninterrupted comatose until his death on August 31.

SOUTHERN CALIFORNIA BLUE BOOK, 1906.

A Society Directory of names, addresses At Home days, and Telephone numbers, names of the Leading Clubs and their Officers. Southern California Blue Book Company. Main office; Room 404 Mason Opera House, Los Angeles, Cal. L. E. Behymer, president, Lenore H. King, editor, Raymond J. Wolfsohn, business manager. Telephones Main 1538, Home 2680. Price $3.00.

Since the last issue of the California Blue Book for Los Angeles and vicinity, many improvements have been made in the publication, and the public, we believe, will appreciate the present edition's completeness and authenticity. The rapid growth of Los Angeles renders necessary great care in the compilation of each year's Blue Book, for changes are constantly being made.

Names of such new arrivals as belong in the Blue Book are added from year to year, and the company proposes to make this an authentic annual social directory, calculated to assist in the maintenance of social standards such as those that prevail in the older cities of the East.

Care has been taken to obtain correct addresses and telephone numbers as they were at the time of going to press, and reception days also are given. Thus the book is rendered desirable for reference to persons who make and receive calls, and have regular reception days.

This year, more than ever before, keen interest in the Blue Book has been manifested on the part of the public, and we take the fact as an indication of the book's growing popularity among those whom it is designed to serve.

AMBULANCE SERVICE.

The rapid increase in demands for the Invalids Coach in the service of Pierce Brothers, 810 South Flower Street has made it necessary for that enterprising firm to purchase another handsome and attractive Coach. Phones Main 1827 and Home 227.

GOES INTO REAL ESTATE.

Gregory Perkins, Jr., formerly secretary of the Los Angeles board of trade, has engaged in handling Fire Insurance and Real Estate Investments, writing of Fire Insurance or Surety Bonds, and buying or selling of Real Estate, with offices at 218 Trust Building, Los Angeles.

Mr. Perkins is well known in business and social circles in Los Angeles. Home Phone 8530; Main 936.

A GOOD RESOLUTION.

If you wish to be the best dressed man in Los Angeles, resolve that you will go to O. C. Sens, 219 Second Street, where you will find not only the largest and best assortment of woolens, but also the best talent and most advanced skill the tailoring craft of this country affords.

Philadelphia, Pa., Dec. 18, 1900.
The Coca-Cola Co., Atlanta, Ga.

Gentlemen: We take great pleasure in recommending Coca-Cola to all who desire a healthful and refreshing drink. The students of the Medical Dept. University of Pennsylvania are our best customers for it. Very truly yours,

C. E. R. SMITH,
(College Pharmacy), 34 and Walnut.

A $2,000,000 tuberculosis hospital is planned for the poor of New York City to be built on Staten Island. It will be constructed under the auspices of the Department of the Health Department, to build a sanatorium for incipient cases of consumption in Orange County, New York State. The Staten Island institution will be a hospital for cases in all stages of the disease.

A Nothnagel Scholarship of $5,000 is announced to be established in memory of the late professor. The yearly income will be awarded as a prize for the best medical essay on such medical problems as may be proposed by the Senate of the University of Vienna. Should no essay be satisfactory, the money is to be expended to encourage research on diseases of the intestines.